

TOP SECRET
SECURITY INFORMATION

18 FEB 1953

MEMORANDUM FOR: DIRECTOR, PSYCHOLOGICAL STRATEGY BOARD

SUBJECT : State Department Draft Pursuant to Paragraph 6.c. of
PSB D-24 (PSB D-24/1)

1. PSB D-24/1 working draft has been reviewed in this agency. We agree with the State Department's recommendation that the third course of action be adopted and that plans be developed accordingly. The recommended course is: "the omission of an official message while transmitting through United States information media a message to the Soviet people taking note of Stalin's death, extending to them the hand of friendship and inviting their cooperation in seeking a peaceful and secure world."

2. We should like to have the opportunity at a later date to present suggestions for the further development of the plan.

FOR THE DEPUTY DIRECTOR, PLANS

25X1A

BY [REDACTED]

25X1A

[REDACTED] RG:blr 18 Feb. 53

Distribution:

25X1A Copies 1 & 2 - PSB
Copy 3 - [REDACTED]
Copy 4 - [REDACTED]
Copies 5 - [REDACTED]
Copy 7 - [REDACTED]

Coordinated with [REDACTED]

25X1A

0000850100

TOP SECRET

1300690 53 86708

Copy 5 of 7 Copies

TOP SECRET

Approved for Release 2001/07/27 : CIA-RDP80-01065A000500020005-6

SIGNATURE RECORD AND COMMENT SHEET

FOR THE INTRA-OFFICE USE OF OSO & OPC ONLY.

AS A COVER ATTACHMENT TO FORM NO. 38-13

NOTICE

Detaching Form No. 38-13 for the purpose of securing this form to Top Secret Documents is Prohibited.

ATTENTION: ACCESS TO TOP SECRET MATERIAL IS LIMITED TO THOSE INDIVIDUALS WHOSE OFFICIAL DUTIES RELATE TO THE MATERIAL. EACH ALTERNATE OR ASSISTANT TOP SECRET CONTROL OFFICER WHO RECEIVES AND/OR RELEASES THE ATTACHED TOP SECRET MATERIAL WILL SIGN THIS FORM AND INDICATE PERIOD OF CUSTODY IN COLUMNS PROVIDED. EACH INDIVIDUAL WHO SEES THIS TOP SECRET DOCUMENT WILL ENTER DATE OF HANDLING AND SIGN HIS FULL NAME IN THE PROPER COLUMNS. OFFICER DESIGNATIONS SHOULD BE USED IN THE "TO" COLUMN. UNDER EACH COMMENT A LINE SHOULD BE DRAWN ACROSS SHEET AND EACH COMMENT NUMBERED TO CORRESPOND WITH THE NUMBER IN THE "TO" COLUMN. EACH OFFICER SHOULD SIGN FULL NAME BEFORE FURTHER ROUTING.

FROM:

[Redacted]

CONTROL NO.

86708

570 7

TO	ROOM NO.	DATE		OFFICER'S	COMMENTS
		REC'D.	FWD'D.		
1. 25X1A TSC	1018	16 Feb	16 Feb	[Redacted]	file Copy 5-C-SR/1 2/19/53
[Redacted]	K	FEB 19	1953	[Redacted]	
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

THIS FORM MUST BE DETACHED PRIOR TO TRANSMITTING TOP SECRET MATERIAL OUTSIDE OF OSO OR OPC.